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(Depositor's name)	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,851	07/30/2003	Tae-eun Kwon	1293.1901	6163
TITLE OF BUILDINGS. O	DELCAT CLIEDE AND DAA	OF FORMANIC ARRAD ATTICLIONIC TUE CANCE		

TITLE OF INVENTION: OPTICAL GUIDE AND IMAGE FORMING APPARATUS USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DU	E
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/01/200	)8
EXAM	IINER	ART UNIT	CLASS-SUBCLASS				
CARIASO	, ALAN B	2885	362-625000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>		or agents OR, alternati  (2) the name of a single registered attorney or	3 registered patent attornively, e firm (having as a membragent) and the names of up rneys or agents. If no nam	era 2.	& HALSEY	LLF	

ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CANCING PERCONDONIAGE CO TMD

## CITE/ON CT

SAMBUNG ELECTRONICS CO., LID.	SUWON-SI, REPUBLIC OF KOREA
Please check the appropriate assignee category or categories (will not b	e printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔘 Government
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies	<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Form PTO-2038 is attached.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).</li> </ul>
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.	b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

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